

# Logansport Police Department



SHAWN HEISHMAN,  
CHIEF OF POLICE

JASON SHIDELER,  
ASST. CHIEF

## Request for Release of Property

**Return to:**

Evidence Department  
Logansport Police Department  
729 High Street, Logansport, IN 46947

FAX: 574-753-0513 Email: [wraber@logansport.in.gov](mailto:wraber@logansport.in.gov)

Date of Request: \_\_\_\_\_

**Instructions:** Fill out this form and submit it with all the **NECESSARY DOCUMENTS** (*court order, disposition of case paper work, valid photo ID, proof of ownership, legal paperwork, etc*) When your property is ready to be picked up, we will call you to set up an appointment for pick up. ***We only release property to the owner we have listed in our system or their designated party.***

**REQUESTS FOR FIREARMS & DEADLY WEAPONS IN DV CASES:**

If the property you are seeking to have returned is a firearm or deadly weapon that was seized pursuant to a domestic violence or stalking related case or order, **you must get an order from the court** for the firearm to be returned. **You must attach a copy of the order or GRANTED motion to this form. Requests of this nature that are not submitted with an order or granted motion from the court will not be processed.**

Full Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Case # (if known) \_\_\_\_\_

Detailed Property Description (Name, Brand, Model, Serial #, Color, Description, etc):

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**Inter-Office USE ONLY**

Property Released: Y / N

Date Processed: \_\_\_\_\_

Employee Initials: \_\_\_\_\_

Reason not Released: \_\_\_\_\_